

[ ] New Vendor  
[ ] Change Request  
[ ] Multi Address

STATE OF MAINE  
NEW VENDOR/VENDOR UPDATE FORM

Return to Mary Alderman  
Fax (207) 287-4334

Please Print or Type

NAME/ADDRESS (**NEW** ADDRESS IF CHANGE)

(**OLD** ADDRESS IF CHANGE)

Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City, State \_\_\_\_\_

\_\_\_\_\_

Zip Code \_\_\_\_\_

\_\_\_\_\_

**TAX I.D. Number**

INDIVIDUAL OR SOLE PROPRIETOR  
Social Security Number

CONTACT NAME \_\_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

CONTACT PHONE \_\_\_\_\_

TAX I. D. NO. OR CORPORATION  
Employer Identification number

ACCOUNTS RECEIVABLE CONTACT \_\_\_\_\_

\_\_\_\_ - \_\_\_\_\_

COMMENT:

VENDOR DESCRIPTION - ENTER Y (YES) FOR ALL THAT APPLY

DEALER	_____	INDIVIDUAL	_____	SMALL	_____
MANUFACTURER	_____	SOLE PROPRIETOR	_____	IN-STATE	_____
JOBBER	_____	PARTNERSHIP	_____	SERVICES (NON-MED)	_____
RETAILER	_____	INCORPORATED	_____	MEDICAL SERVICES	_____
FACTORY REP	_____	COMMODITY	_____	GOVERNMENT ENTITY	_____
MINORITY	_____	NON-PROFIT CORP.	_____		

Submitted by: \_\_\_\_\_ DATE \_\_\_\_\_

Authorized Vendors Signature

Title: \_\_\_\_\_

AGENCY CONTACT PERSON: Mary Alderman  
AGENCY CONTACT PHONE NUMBER (207)-287-8905  
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